

State of Alaska FY2005 Governor's Operating Budget

Department of Health and Social Services Residential Child Care Component Budget Summary

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Component: Residential Child Care

Contribution to Department's Mission

The Residential Child Care component provides 24-hour care for children in the custody of the State who are not able to remain in their own home or who need more structure and treatment than can be provided in foster care. These children and youth often present severe and complex treatment problems such as sexual abuse, sexually aggressive behavior, substance abuse, severe emotional disorders, delinquent behavior, and other dysfunctional behavior.

Core Services

Residential care services are purchased from private providers throughout the state and include emergency stabilization and assessment centers, intensive residential treatment centers, residential diagnostic treatment centers and residential psychiatric treatment centers. Grants are also provided to residential centers that provide specialized services such as sex offender treatment and substance abuse treatment.

When the necessary level of care is not available within the state, services are purchased from out-of-state providers. Out-of-state providers are approved Alaska Medicaid providers of residential psychiatric treatment in both secure and non-secure settings.

Residential Care is operated on an unconditional care model, meaning programs are not to discharge clients or refuse their placement unless the child presents an "imminent risk of harm to themselves or others."

FY2005 Resources Allocated to Achieve Results

FY2005 Component Budget: \$5,234,800

Personnel:

Full time	0
Part time	0
Total	0

Key Component Challenges

Need for Additional Residential Care Beds: The division intends to purchase additional residential care beds to serve children with needs that cannot be met without 24-hour care by professional staff. Due to the shortage of group care facilities, some of these children are in foster homes, causing strain on the foster parent system. This can result in failed placements, loss of capable foster care providers and the inability to recruit new foster homes. Without additional beds, out-of-state placements may increase, and the success rate of children returning to their home communities will continue to be poor. This generally results in continued residential treatment, hospitalization or placement in a detention facility. The Department has a Children's Workgroup to address the critical issue of bringing our children back from out of state care. Part of the solution will require expanded access to treatment services, including residential care.

Accreditation of Residential Care Facilities: The Department will continue to work on improving the quality of care for children and families in our Residential Child Care programs through a combined strategy of increased training to staff and technical assistance to provider agencies in completing their accreditation process.

Significant Changes in Results to be Delivered in FY2005

The Office of Children's Services anticipates reducing the costs of care for children in state custody that are placed in Acute Hospitals and have been decertified as Medicaid eligible. A temporary agreement has been reached as of September 1, 2003 to pay \$611 per day as opposed to \$700 per day.

The potential decrement of grant funds in this component would result in a reduction in the number of treatment beds held open by a residential center for a child who had recently vacated the bed. This situation exists when a legitimate need to maintain a child's bed for treatment reasons is present. The OCS anticipates funding fewer of these beds in FY2005.

The office also expects that Behavioral Rehabilitation Services for non-Medicaid clients would be reduced in FY2005. These services support non-custody placements in the MatSu Emergency Stabilization and Assessment program. This would limit the number of available treatment beds for non-custody children who were in danger in their present environment and could conceivably increase the number of children in custody.

The Office of Children's Services is working to improve our interface with the individual education plans for children who receive these services. The office anticipates that all out-of-state placements will be reviewed and approved by Individual Education Planning teams. OCS is also coordinating with the Department of Education & Early Development to increase each school district's compliance with on-going supervision of our children's Individual Education Plans, and to increase their fiscal responsibility for educational costs in out-of-state treatment centers.

Major Component Accomplishments in 2003

1) THE DEPARTMENT PROVIDED FOUR LEVELS OF RESIDENTIAL CARE

The Department's Residential Child Care programs provided a continuum of four levels of care based on the assessed need of the individual child and the availability of bed space.

Level II Emergency Stabilization and Assessment: The Department purchased 70 Emergency Shelter treatment beds throughout the state to provide temporary residential care for children who were in immediate danger in their present environment. These treatment beds were also used for children who are not committable to Alaska Psychiatric Institute or to a detention facility and for whom no other satisfactory plan was immediately found.

Level III Specialized Residential Care: The Department purchased 115 Specialized Residential Care treatment beds throughout the state to provide a range of services from basic residential care to residential care for children with specialized needs such as emotional disturbance, behavioral dysfunction, sexual offending, and preparation for emancipation.

Level IV Residential Diagnostic Treatment: The Department purchased 17 Residential Diagnostic and Treatment beds in Anchorage to provide treatment for children who were a danger to themselves or others.

Level V Residential Psychiatric Treatment Center Services: The Department reimburses 36 Level V Residential Psychiatric Treatment Center treatment beds in Anchorage for interdisciplinary, psychotherapeutic treatment for children with severe emotional or behavioral disorders.

2) ESTABLISHMENT OF A PROTOCOL FOR REGIONAL RESIDENTIAL PLACEMENT COMMITTEES

The Department has established a uniform statewide protocol for operation of Departmental Regional Residential Placement Committees to assure necessary expertise and resources are devoted to planning and providing appropriate services for children in Department custody who require residential treatment. Establishment of this protocol assures the best utilization of available residential treatment resources to meet the needs of children in State custody. This process also establishes concrete steps for continued development of a seamless and integrated system of care for children in State custody, focusing especially on those who require residential treatment and on planning systematically to assure limited resources are focused to effectively meet the needs of those children.

The Department also established a secondary tier of review for any children in custody who are referred for treatment in an out of state residential psychiatric treatment facility. The team meets after a Regional Placement Committee refers the child for our review. This process also established concrete steps for gate keeping the children who require care in facilities outside of Alaska and focused our efforts on limiting the number of children who leave Alaska for care and also the time that children remain out of state for services.

3) PSYCHIATRIC NURSE PROGRAM

The Office of Children's Services has five Psychiatric Nurses that serve as chair of the Regional Placement Committee. The nurses determine if the medical necessity for psychiatric residential services was met, assist each child's worker in monitoring the progress of children placed in out-of-state facilities, conduct site reviews and review treatment goals, discharge plans and medication.

Statutory and Regulatory Authority

AS 47.05	Administration of Welfare, Social Services, and Institutions
AS 47.10	Children in Need of Aid
AS 47.17	Child Protection
AS 47.30	Mental Health Trust Authority
AS 47.40	Purchase of Services.
7 AAC 53 Article 1	Child Care Foster Care Payments
7 AAC 53 Article 3	Children in Custody or Under Supervision: Needs and Income
7 AAC 43.500-43.599	Medical Transportation Services; Inpatient Psychiatric Services
7 AAC 50	Family and Youth Services
7 AAC 78	Grant Programs
Titles IV-E, IV-B, IV-D and XIX of the Social Security Act	

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Residential Child Care Component Financial Summary

All dollars shown in thousands

	FY2003 Actuals	FY2004 Authorized	FY2005 Governor
Non-Formula Program:			
Component Expenditures:			
71000 Personal Services	0.0	0.0	0.0
72000 Travel	0.0	0.0	0.0
73000 Contractual	275.2	280.1	72.5
74000 Supplies	0.0	0.0	0.0
75000 Equipment	0.0	0.0	0.0
76000 Land/Buildings	0.0	0.0	0.0
77000 Grants, Claims	17,103.5	18,127.6	5,162.3
78000 Miscellaneous	0.0	0.0	0.0
Expenditure Totals	17,378.7	18,407.7	5,234.8
Funding Sources:			
1002 Federal Receipts	164.1	625.0	625.0
1003 General Fund Match	580.2	289.4	138.1
1004 General Fund Receipts	6,265.8	6,574.2	2,515.4
1007 Inter-Agency Receipts	6,262.3	6,862.8	0.0
1037 General Fund / Mental Health	3,956.3	3,956.3	1,956.3
1092 Mental Health Trust Authority Authorized Receipts	150.0	100.0	0.0
Funding Totals	17,378.7	18,407.7	5,234.8

Estimated Revenue Collections

Description	Master Revenue Account	FY2003 Actuals	FY2004 Authorized	FY2005 Governor
Unrestricted Revenues				
None.		0.0	0.0	0.0
Unrestricted Total		0.0	0.0	0.0
Restricted Revenues				
Federal Receipts	51010	164.1	625.0	625.0
Interagency Receipts	51015	6,262.3	6,862.8	0.0
Restricted Total		6,426.4	7,487.8	625.0
Total Estimated Revenues		6,426.4	7,487.8	625.0

**Summary of Component Budget Changes
From FY2004 Authorized to FY2005 Governor**

All dollars shown in thousands

	<u>General Funds</u>	<u>Federal Funds</u>	<u>Other Funds</u>	<u>Total Funds</u>
FY2004 Authorized	10,819.9	625.0	6,962.8	18,407.7
Adjustments which will continue current level of service:				
-Transfer Out to CSM for BRS Agreement-Formerly RSA	-151.3	0.0	0.0	-151.3
-Transfer Out to CSM for Coordinator Services-Formerly RSA	-56.3	0.0	0.0	-56.3
-Consolidate Funding for BRS in Single Component - ADN 0640046	-4,034.8	0.0	0.0	-4,034.8
Proposed budget decreases:				
-Refinance 5 Residential Child Care Grants to IHS 100% FMAP	-766.2	0.0	0.0	-766.2
-Reduce Residential Child Care Grants and Client Travel	-826.4	0.0	0.0	-826.4
-Reduce Education Costs for Youth in Out of State Residential Facilities	-375.1	0.0	0.0	-375.1
-Decrease IA for Former RSAs	0.0	0.0	-6,862.8	-6,862.8
-Reduce MHTAAR Funds for Mental Health Stabilization Home	0.0	0.0	-100.0	-100.0
FY2005 Governor	4,609.8	625.0	0.0	5,234.8